

Itawamba County School District
Checklist for Improvement Center Placement
(Items in **bold** will be shared with parents/guardians.)

- ☐ **Signed Waiver (if waiving discipline hearing)**
- ☐ **Improvement Center Referral Form**
- ☐ **Placement Criteria Verification Form**
- ☐ **Progress Report (including all term grades)**
- ☐ **Attendance History (Current Year)**
- ☐ **Discipline History Report**
- ☐ **Discipline Report (current)**
- ☐ Photo Evidence (if applicable)
- ☐ General 1 & 2 from SAMs Spectra
- ☐ Cumulative File (insert sheet, court documents for custody or contact limits)
- ☐ Teacher Questionnaires
- ☐ Social Worker/Counselor Referral Form

Attach the following:

- ☐ Tier 2 or 3 Academic Plan, Hearing/Vision Screening
- ☐ Tier 2 or 3 Behavior Plan, FBA, BIP, Hearing/Vision Screening
- ☐ IEP/504/EL Plan
- ☐ If the student has an IEP or a 504 Plan, notify the Special Education Director to schedule a meeting for manifestation determination and possible change of placement.
 - ☐ Manifestation Determination Review Conducted (attached)
- ☐ Date: _____
- ☐ Nurse Form (Permission to Administer Medication) if applicable
- ☐ None of the above apply
- ☐ **Superintendent Review/Approval Form**

I verify that this packet is complete and that the student's records are ready to be reviewed by the district superintendent's office.

Principal's Signature

Date

Date referral packet sent to the office of the Superintendent.

Date

Itawamba County Improvement Center Referral Form

Student _____ Home School _____ Grade _____

Has the student been part of previous Discipline Hearing proceedings? ☐ YES ☐ NO

Has the student previously attended school in an alternative school setting? ☐ YES ☐ NO

Has the student repeated a grade? ☐ YES ☐ NO List grade(s) repeated _____

Date of incident _____ Time of incident _____

Location of incident _____

Discipline Code _____

Student is charged with _____

The student received notice of the charge(s) against him/her in ____oral ____written form.

The student ____did ____did not seem to understand the charge(s) against him/her.

The student ____admitted ____denied the charge(s) against him/her.

Explanation of charges denied _____

The student ____was ____was not given the opportunity to explain his/her actions.

The individuals listed were present during the interview with the student:

Disciplinary action: (**check all that apply**)

☐ ISS for _____ days; dates to serve _____

☐ OSS for _____ days; dates to serve _____

☐ Recommend for change of placement to the alternative education program for the following length of time:

☐ 45 days / one nine-week term ☐ one full semester

☐ one calendar year ☐ other _____

The student receives services through ☐ Special Education ☐ 504 plan ☐ EL plan ☐ NA.

The student's parent(s)/guardian(s) ____were ____were not contacted.

Law enforcement officials ____were ____were not contacted regarding this incident.

The student is

☐ recommended for an initial disciplinary hearing.

☐ waiving the right to an initial disciplinary hearing.

Principal's Signature

Date

Placement Criteria Verification Form

Student Name: _____ Grade: _____

Placement Reason: (check all that apply)

- ☐ Suspended >10 days
- ☐ Expelled or pending expulsion
- ☐ Parent/guardian request due to behavior concern
- ☐ Major disruption to school environment
- ☐ Transition from Facility or JDC
- ☐ Other: _____

Verified by Principal: _____ Date: _____

Verified by Counselor: _____ Date: _____

**Itawamba County School District
Teacher Questionnaire**

Student _____ Grade _____

Teacher _____ Subject _____

School _____ Date _____

Academics

____ Current Class Grade The student has a(n) ☐ IEP ☐ 504 Plan ☐ EL Plan

Behavior

Check all that apply

- ☐ easily frustrated
- ☐ does not function well in groups
- ☐ anger management issues
- ☐ confrontational to peers
- ☐ confrontational to adults
- ☐ misbehaves for attention
- ☐ resists authority
- ☐ does not listen
- ☐ does not take responsibility for actions
- ☐ intimidates/bullies others
- ☐ lacks self control
- ☐ does not do/turn in assignments
- ☐ impulsive

Check all that apply

- ☐ gets along well with others
- ☐ makes friends easily
- ☐ responsible
- ☐ uses common sense
- ☐ avoids confrontation
- ☐ typically respectful
- ☐ good listening skills
- ☐ conscientious about work
- ☐ turns in assignments
- ☐ takes responsibility for actions

Briefly describe the student's behavior providing examples and frequency of occurrence. Include steps taken to alleviate undesirable behavior.

Parent/Guardian contact date(s) _____

Teacher's Signature

Date

Itawamba County School District
Social Worker/Counselor Referral to Improvement Center Form

Student		Grade	Age
Referral Source		Date	
Social Worker/ Counselor		Phone	

Social Worker/Counselor's History of Services

Referred to social worker or counselor by		First seen by social worker or counselor	
Applied behavioral analysis/interventions attempted or initiated (include additional pages as necessary)			
Dates	Specific Intervention Details		

Social Worker's/Counselor's Assessment

(in collaboration with referring school/teacher/administrator)

Performs substantially below the performance level for pupils of the same age.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is at least one year behind in completing coursework or obtaining credits for graduation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student pregnant or a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been assessed/diagnosed as chemically dependent? If so, by whom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student a victim of physical or sexual abuse? If so, who made the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student experienced mental health problems? If so, who made the diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student speak English as a second language or have limited English proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student experienced homelessness within the last 6 months? Mark yes, if the student and guardian are living with other family members, relatives, or friends.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has the student been suspended, excluded, or expelled. If yes, circle one. If so, list dates and reasons.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student received other disciplinary action? If so, list dates and details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student had truancy issues? If so, list dates and details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a truancy petition been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a CPS social worker or case manager? SW or CM name: Phone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have an MDOC probation office? Name: Phone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student involved in Youth Court? YC Counselor: Phone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been in treatment for emotional, behavioral, or substance abuse issues? If so, list dates. Contact person:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the treatment IN-PATIENT or OUT-PATIENT?	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Outpatient
		<input type="checkbox"/> NA

Area	Description (circle as many as apply)	Other
Mood/Behaviors	<ul style="list-style-type: none"> • Anxious / worried • Depressed / unhappy • Dating disorder / body image concerns • Hyperactive / inattentive • Shy / withdrawn • Aggressive behaviors • Stealing • Trauma history • Other 	
School Concerns	<ul style="list-style-type: none"> • Homework not turned in/not complete • Low test/assignment grades • Poor classroom performance • Sleeping in class/always tired • Sudden change in grades • Frequently tardy or absent • New student • Other 	

Relationships	<ul style="list-style-type: none"> • Bullying • Difficulty making friends • Poor social skills • Problems with friends • Boyfriend/girlfriend issues • Other 	
Home Concerns	<ul style="list-style-type: none"> • Fighting with family members • Illness/death in the family • Parents divorced/separated • Suspected abuse • Suspected neglect • Suspected substance abuse • Parent request • Poverty • Domestic violence between parents/guardians • Other 	

Are additional pages attached to this referral form? ☐ YES ☐ NO # of pages _____

Comments

If alternative school is **not a suitable placement** for this student, please explain:

Social Worker's/Counselor's Signature: _____ Date: _____

Superintendent Review/Approval Form

Student Name: _____ Grade: _____ Base School: _____

Date of Referral Packet Submission: _____

Referring Administrator: _____

Recommended Placement: ☐ ICIC ☐ Remain at Base School ☐ Hearing Required

Discipline Committee Team Date & Time:

ICSD Discipline Team Findings/Recommendation:

☐ 20 days ☐ one full nine-week term (45 days)

☐ one full semester (90 days) ☐ one full year

☐ other _____

* Attach the Discipline Committee Recommendation along with any additional relevant information pertaining to the individual/situation, i.e. probation period, specific considerations, transportation details, specific counseling, etc.

Review Summary and Comments:

Superintendent/Designee Name: _____

Signature: _____ Date: _____



ITAWAMBA COUNTY SCHOOL DISTRICT

605 South Cummings Street Fulton, MS 38843
(662) 862-2159

Superintendent - Austin Alexander

PARENT/GUARDIAN WAIVER OF DISCIPLINE HEARING

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

Incident Date: _____

Incident Description: _____

Background

Under Mississippi law and ICSD policy, students facing long-term suspension (more than 10 days) or expulsion are entitled to a due process discipline hearing before the Itawamba County School District Board or its designated hearing officer. This hearing allows the student and parent/guardian to present evidence, call witnesses, and challenge the disciplinary recommendation.

Waiver Statement

I, the undersigned parent/legal guardian of the above-named student, understand that:

1. My child has been recommended for:
 - ☐ **Long-Term Suspension** (over 10 days)
 - ☐ **Expulsion**
 - ☐ **Alternative School Placement**

2. My child has the right to a formal discipline hearing under ICSD Policy **JCAA – Due Process** and Mississippi Code § 37-11-55.
3. I have been informed of my right to attend the hearing, present witnesses, and be represented by counsel at my own expense.
4. By signing this form, I **voluntarily and knowingly waive** the right to a discipline hearing, and I accept the disciplinary action recommended by the school administration.
5. I understand that by waiving this right, the decision of the administration will be final and will be implemented immediately.
6. This waiver is made freely, without coercion, and with full understanding of its consequences.

Disciplinary Action Being Accepted (check and specify length):

- ☐ Long-Term Suspension: _____ school days (dates: _____ to _____)
- ☐ Expulsion (length: _____)
- ☐ Alternative School Placement (dates: _____)
-

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Administrator Name (Print): _____

Administrator Signature: _____ **Date:** _____

Witness (if applicable): _____ **Date:** _____

For Office Use Only:

- ☐ Copy Provided to Parent
- ☐ Copy Placed in Student's Discipline File